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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.

Account Number: 076624003440 : (305)444-6226 Phone

Fax Number : (305)442-4829

LIMITED LIABILITY COMPANY

VIPA HEALTH CONSULTANTS, LLC.

Certificate of Status	1
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ARTICLES OF ORGANIZATION

<u>OF</u>

VIPA HEALTH CONSULTANTS, LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I NAME

The name of this Limited Liability Company is: VIPA HEALTH CONSULTANTS, LI

ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV

The principal office and mailing address of this Limited Liability Company in the State of Florida is 7171 SW 62nd AVENUE, SUITE 301, MIAMI, FL 33143. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That VIPA HEALTH CONSULTANTS, LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA, P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The initial Manager shall be ANDRES PALOMO of 7171 SW 62nd AVENUE, SUITE 301, MIAMI, FL 33143.

WITNESS the hand and seal of the authorized representative of manager in Miami-Dade County, State of Florida, this had of November, 2005.

CARLOS F. ARAZOZA
Authorized Representative

STATE OF FLORIDA) SS: COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, CARLOS F. ARAZOZA, the authorized representative of the manager of VIPA HEALTH CONSULTANTS, LLC., for and on behalf of the entity, who is personally known to me, who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this

th day of November, 2005.

Laura Kohn
Commission #DD319617
Expires: May 16, 2008
Box ded Thru
Atlantic Flooding Co., Inc.

NOTARY PUBLIC, STATE OF FLORIDA

AT LARGE

My commission expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That VIPA HEALTH CONSULTANTS, LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named ARAZOZA & FERNANDEZ-FRAGA, P.A, as its Agent, of 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Registered Agent	TALLAHASSE	
CARLOS F. ARAZOZA		3 =
Managing Director	97	့ မွ
Arazoza & Fernandez-Fraga, P.A.		9
Date: November, 2005		